



REGISTRATION INFORMATION



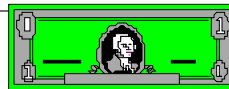
REGISTRATION BEGINS MAY 23, 2005

1. Fill out both sides of the mail-in registration form completely, and make check payable to: "City of Westminster".
2. Mail to: Recreation Class Registrar,
8200 Westminster Blvd.,
Westminster, CA 92683.
3. No registration will be taken after the second class.

4. Enclose a self-addressed stamped envelope if confirmation of registration is desired.

5. 7:30 a.m. - 5:30 p.m. - Monday through Thursday; 7:30 a.m. - 4:30 p.m. - Friday. Closed alternate Fridays

6. Payment methods:
Checks or money orders made payable to "City of Westminster".
Mastercard or Visa.
Exact cash.



REFUNDS

1. Refunds will be issued in the event a class is cancelled, at which time the registrant will be notified and a full refund will be processed and issued by mail.
2. No refunds will be made after the second class meets, or after a one day workshop.
3. If a refund is applied for, a \$5.00 service charge will be withheld.
4. Swim lessons are non-refundable. There is a \$3.00 transfer fee.

GENERAL POLICIES

1. No registration taken at classes.
2. No registration taken after second class meeting.
3. No refunds will be made after the second class meets or after one day workshop.
4. Program information may be subject to change.
5. A \$5.00 service charge will be assessed for each transfer.
6. A \$15.00 fee will be charged for returned checks.
7. Register early. Space is limited

NOTICE

Please be advised that participants involved in the City of Westminster Community Services and Recreation Department are subject to being photographed, and such photographs may be used to publicize city programs.

The Westminster Community Services & Recreation Department intends to comply with the American Disabilities Act. Please call at 895-2860 if special accommodations are needed.

Registration location:

Community Services and Recreation Building • 8200 Westminster Boulevard • Monday through Thursday • 7:30 a.m. to 5:30 p.m.
Friday • 7:30 a.m. to 4:30 p.m. Closed alternate Fridays

PLEASE PRINT AND FILL OUT COMPLETELY

1. Mail-in registration is now being accepted. Registration will be accepted on a first come, first-served basis.
2. Enclose a self-addressed, stamped envelope for return of your registration receipt.
3. Send a check or money order for class made payable to "City of Westminster."
4. Mail all enrollments to Community Services & Recreation Department, 8200 Westminster Blvd., Westminster, CA 92683.
5. The Westminster Community Services & Recreation Department intends to comply with the American Disabilities Act. Please call us at 895-2860 if special accommodations are needed.

**BE SURE TO SIGN WAIVER
ON REVERSE SIDE!**

REGISTRATION FORM

Participant	Last:	First:	Age:
Address:		City:	State:
Phone	Home:	Work:	
Zip:			

Activity/Class	Course #	Day	Time	Dates	Location	Fee

PAYOR INFORMATION

Payor	Last:	First:	Age:
Address:		City:	State:
Phone	Home:	Work:	
Zip:			

Enclosed find \$ _____, and a self-addressed, stamped envelope, to cover my registration in the above class(es).

Would you like to be able to register on line? yes _____ no _____

Westminster Recreation _____ (714) 895-2860

LIABILITY WAIVER



RELEASE & WAIVER OF ALL LIABILITY AND INDEMNITY AGREEMENT

For and in consideration of permitting _____
to enroll in and participate in the recreational program entitled _____
sponsored by the City of Westminster's Department of Community Services & Recreation, the Undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, property damage or wrongful death occurring to him/herself arising as a result of participation in said recreational program or any activities incidental thereto wherever or however the same may occur and for whatever period said program may continue, and the Undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute or present any claim for personal injury, property damage or wrongful death against the City of Westminster and its officers, officials, agents, contractors, boards, departments, servants or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise. **IT IS THE INTENTION OF _____ BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF WESTMINSTER AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY THE NEGLIGENCE OF ANY PERSON OR ENTITY.**

The Undersigned, for him/herself, his/her heirs, executors, administrators or assigns agrees that in the event any claim for personal injuries, property damage or wrongful death shall be prosecuted against the City of Westminster and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, he/she shall **defend, indemnify and save harmless** the same City of Westminster and the aforementioned related parties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including reasonable attorney's fees) by whomever or wherever made or presented for said personal injuries, property damage or wrongful death.

In case of accident or other emergency, the Undersigned hereby gives permission for the City of Westminster and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, to obtain emergency medical treatment. The Undersigned further agrees to pay any costs incurred as a result of such treatment. In addition, the Undersigned has been notified that participants involved in City-sponsored recreation programs are subject to being photographed or videotaped, and he/she hereby gives permission for the City of Westminster to use such photographs or videotapes to publicize and promote the City's recreation programs.

The Undersigned acknowledges that he/she personally read, understands, and voluntarily signs this release and waiver of all liability and indemnity agreement, is fully aware of the potential risks and hazards which are inherent to engaging in the specific recreational program or any activities incidental thereto, including but not limited to, any negligent acts performed by the City of Westminster and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, negligently created or maintained dangerous conditions of public property, weather conditions, equipment, machinery, playing conditions, other participants, on-site physical premises, structures or substantial works of improvement. The Undersigned voluntarily assumes all risks of loss, damage, or injury associated with his/her participation in the specified recreational program or any activities incidental thereto.

Dated: _____ Signature of Participant or Parent _____

Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Westminster Recreation _____ (714) 895-2860